

Case Number:	CM14-0083929		
Date Assigned:	07/21/2014	Date of Injury:	03/13/2013
Decision Date:	09/18/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 21-year-old male who reported an injury after he lifted a grass-filled burlap sack and experienced immediate low back pain on 03/13/2013. The clinical note dated 07/22/2014 indicated diagnoses of lumbar sprain and strain, rule out radiculopathy and myofascial pain. The clinical note is handwritten and hard to decipher. The injured worker reported lumbar pain rated 7/10 with right upper extremity numbness that caused difficulty with sleep. On physical examination there was tenderness to palpation of the lumbosacral paraspinals with spasms. The injured worker's treatment plan included a lumbar x-ray, continue home exercise program, Lidoderm patches, and Flexeril, heating pad and lumbar support brace. The injured worker's prior treatments included diagnostic imaging, physical therapy, acupuncture, and medication management. The injured worker's medication regimen was not submitted for review. The provider submitted a request for 1 Lidopro 4 ounce, weight and diet management consultation, and 6 acupuncture visits. The request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One LidoPro 4 ounce.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for One LidoPro 4 ounce is not medically necessary. LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation submitted did not indicate if the injured worker had been utilizing Lidopro or if there was a first time trial. In addition, it was not indicated if the injured worker had tried and failed antidepressants and anticonvulsants. Moreover, Lidopro contains capsaicin, lidocaine, menthol, and methyl salicylate. It was not indicated whether the injured worker was intolerant to other treatments. Moreover, lidocaine is only recommended in the form of the dermal patch Lidoderm. The provider did not indicate a rationale for the request. Additionally, the request did not indicate a frequency or quantity. Therefore, the request is not medically necessary.

Weight and diet management consultation.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visits.

Decision rationale: The request for Weight and diet management consultation is not medically necessary. Evaluation and management of outpatient visits to the offices of medical doctor(s) is a critical role in the proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The documentation submitted did not indicate if the injured worker was obese. In addition, there was a lack of documentation of the injured worker's height and weight to warrant a weight and diet management consultation. Moreover, it was not indicated if the injured worker had tried and failed lifestyle and dietary modifications. Therefore, the request is not medically necessary.

Six acupuncture visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for six acupuncture visits is not medically necessary. The CA MTUS guidelines recognize acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. There was a lack of clinical documentation indicating the injured worker did not tolerate medications or reduction of pain medications. The request did not indicate a body part or a timeframe. Therefore, the request for 6 acupuncture visits is not medically necessary.